



Name _____ Age _____

Address _____ City _____ Zip _____

Phone N° _____ School _____ Grade _____

Email address _____

Mother's name _____ Phone N° _____

Father's name _____ Phone N° _____

Instrument you play _____ How many years? _____

How many years of private instruction have you had? _____

Private teacher's name* _____ Phone N° _____

Have you played in a musical before? _____ If yes, what musicals have you played in?

* For first-time Youth Theatre applicants: Along with this application please include a brief letter of recommendation from a teacher or conductor you have worked with. Returning musicians need not submit a letter.

* * * * *

I am interested in being in the orchestra for SBYT summer's musical. I will commit to all the rehearsals and performances and understand that it is my responsibility to come prepared and have the music learned by the first rehearsal date.

Signature _____ Date _____

If under 18, please include parent's signature _____

Submit this form no later than April 30 to:

Santa Barbara Youth Theatre
Attn: Musical Director
P.O. Box 40142
Santa Barbara, CA 93140